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Subr	stitute for form 1449/PTO			Complete if Known		
				Application Number	10/595,936-Conf. #9207	
IN	IFORMATION	N DI	SCLOSURE	Filing Date	May 19, 2006	
S	TATEMENT I	BY /	APPLICANT	First Named Inventor	Mladen Mercep	
				Art Unit	N/A	
	(Use as many sh	e ets a:	s necessary)	Examiner Name ,	Not Yet Assigned	
Sheet	1	of	2	Attorney Docket Number	03818/0204418-US0	

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Examiner Initials*	Cite No.1	Document Number Number-Kind Code ² (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	
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Examiner Initials	Cite No.1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
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Substitute	for form 1449/PT	0		Complete if Known		
				Application Number	10/595,936-Conf. #9207	
INFO	DRMATIC)N DI	SCLOSURE	Filing Date	May 19, 2006	
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				Art Unit	N/A	
	(Use as many	sheets a	s necessary)	Examiner Name	Not Yet Assigned	
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Examiner Signature /Kendra Carter/	Date Considered	07/01/2009

¹Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language Translation is attached.